

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91007 018 ***150.00

DOCUMENT # PD0000048580

1. Entity Name

COULTIGAYE GROUP OF COMPANIES



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14094 43RD ROAD NORTH

Suite, Apt. #, etc.

3. Mailing Address

14094 43RD ROAD NORTH

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LOXAHATCHEE FLORIDA

City & State

LOXAHATCHEE FLORIDA

4. FEI Number

65-1102407

Applied For

☐ **Not Applicable**

Zip

33470

Country

USA

Zip

33470

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT
NAME GARY COULTON
STREET ADDRESS 14094 43RD ROAD NORTH
CITY-ST-ZIP LOXAHATCHEE FLORIDA 33470

TITLE LISA-GAYE COULTON
NAME VICE - PRESIDENT
STREET ADDRESS 14094 43RD ROAD NORTH
CITY-ST-ZIP LOXAHATCHEE, FLORIDA 33470

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY COULTON

VICE - PRESIDENT

4/29/03

Date

954-540-1433

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)